Washington State Department of Health

Send completed forms to DOH Communicable Disease Epidemiology
Fax: 206-361-2930

Hepatitis A, Acute

County

LHJ Use **ID** _____
☐ **Reported to DOH** **Date** ___/___/___
LHJ Classification ☐ **Confirmed**
☐ **Probable**
By: ☐ **Lab** ☐ **Clinical**
☐ **Other:** _____
Outbreak # (LHJ) _____ **(DOH)** _____

DOH Use ***ID*** _____
Date Received ___/___/___
DOH Classification
☐ ***Confirmed***
☐ ***Probable***
☐ ***No count; reason:***

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	**Discrete onset of symptoms**
☐	☐	☐	☐	Diarrhea Maximum # of stools in 24 hours: ____
☐	☐	☐	☐	**Pale stool, dark urine (jaundice)** Onset date ___/___/___
☐	☐	☐	☐	**Abdominal cramps or pain**
☐	☐	☐	☐	**Nausea**
☐	☐	☐	☐	**Vomiting**
☐	☐	☐	☐	**Loss of appetite (anorexia)**
☐	☐	☐	☐	**Fatigue**

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	Complications, specify: _____

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___
☐	☐	☐	☐	Autopsy

Vaccinations

Y	N	DK	NA	
☐	☐	☐	☐	Received any doses of hepatitis A vaccine Number doses in past: ____ Year of last dose: _____

Laboratory

Collection date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	**IgM to hepatitis A virus (anti-HAV) positive**
☐	☐	☐	☐	**Serum aminotransferase [SGOT (AST), SGPT (ALT)] elevated above normal**

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

Washington State Department of Health **Case Name:** _____

INFECTION TIMELINE

Enter jaundice onset date in heavy box. Count forward and backward to figure probable exposure and contagious periods

	Exposure period		***Contagious period****
Days from onset:	-50	-15	1+ weeks prior onset to 1 week after jaundice onset
Calendar dates:			

** Longer in children*

EXPOSURE (Refer to dates above)

Y	N	DK	NA	
☐	☐	☐	☐	Travel out of the state, out of the country, or outside of usual routine Out of: ☐ County ☐ State ☐ Country Destinations/Dates: _____
☐	☐	☐	☐	Case knows anyone with similar symptoms
☐	☐	☐	☐	Contact with confirmed or suspect hepatitis A case Nature of contact: ☐ Household member (non-sexual) ☐ Sex partner ☐ Child care by case ☐ Babysitter for case ☐ Playmate ☐ Drug user ☐ Other: _____
☐	☐	☐	☐	**Epidemiologic link to a lab confirmed case**
☐	☐	☐	☐	Contact with diapered or incontinent child or adult
☐	☐	☐	☐	Congregate living Type: ☐ Barracks ☐ Corrections ☐ Long term care ☐ Dormitory ☐ Boarding school ☐ Camp ☐ Shelter ☐ Other: _____

Y	N	DK	NA	
☐	☐	☐	☐	Shellfish or seafood County collected: _____
☐	☐	☐	☐	Group meal (e.g. potluck, reception)
☐	☐	☐	☐	Food from restaurants Restaurant name/Location: _____
☐	☐	☐	☐	Source of home drinking water known ☐ Individual well ☐ Shared well ☐ Public water system ☐ Bottled water ☐ Other: _____
☐	☐	☐	☐	Drank untreated/unchlorinated water (e.g. surface, well)
☐	☐	☐	☐	Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____
☐	☐	☐	☐	Non-injection street drug use
☐	☐	☐	☐	Injection street drug use Injection street drug use type: _____
☐	☐	☐	☐	Any type of sexual contact with others during exposure period # female sexual partners: _____ # male sexual partners: _____

☐ **Patient could not be interviewed**
☐ **No risk factors or exposures could be identified**

Most likely exposure/site: _____ **Site name/address:** _____
Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS / TREATMENT

PUBLIC HEALTH ISSUES

Y	N	DK	NA	
☐	☐	☐	☐	Employed as food worker
☐	☐	☐	☐	Non-occupational food handling (e.g. potlucks, receptions) during contagious period
☐	☐	☐	☐	Employed in child care or preschool
☐	☐	☐	☐	Attends child care or preschool
☐	☐	☐	☐	Household member or close contact in sensitive occupation or setting (HCW, child care, food)
☐	☐	☐	☐	Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Donation type: _____ Date: ___/___/___ Agency/location: _____
☐	☐	☐	☐	Part of a common source outbreak: ☐ Infected food worker ☐ Food not from food worker ☐ Waterborne ☐ Other: _____
☐	☐	☐	☐	Outbreak related

PUBLIC HEALTH ACTIONS

☐ Notify blood or tissue bank
☐ Prophylaxis of contacts recommended
Number recommended prophylaxis: ____
Number receiving prophylaxis: ____
Number completing prophylaxis: ____
☐ Exclude case from sensitive occupations (HCW, food, child care) or situations (child care) until diarrhea ceases
☐ Test symptomatic contacts
☐ IG recommended to non-household contacts
☐ Public announcement recommended
☐ Restaurant inspection
☐ Other, specify: _____

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____

Hepatitis A, acute: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered